

T: 07787 434162
E: info@studiondance.co.uk
W: www.studiondance.co.uk



TASTER FORM

CHILD'S DETAILS

First Name:	Surname:
Date of Birth: / /	

YOUR DETAILS

Please make sure you fill out all sections

First Name:	Surname:
Address Line 1:	Home Tel No:
Address Line 2:	Work No:
Town:	Mobile No:
County:	Email Address:
Post Code:	
Emergency Contact Name:	Emergency Contact No:

CLASSES

Please indicate below which age group and day you are interested in.

4-6yrs / 6-9yrs / 9-13yrs / 13-18yrs / Street Tap (6-10yrs) Monday - Groombridge Village Hall Tuesday - Groombridge Village Hall Thursday - St Dunstan's Church Southborough

Where did you hear about Studio N Dance?

--

HEALTH

Does your child suffer from any illness and/or injury that you feel we should be aware of?

YES NO

If 'Yes' please provide details.

Signed*:	Printed Name:
Date:	

*this must be someone with parental consent.

Studio N Dance respects your rights to privacy and will not pass on your information to third parties. If you do not wish to receive details of future products and services, please tick this box

Please note that this form is for taster purposes only. We will give you a full Membership Pack when you join.